

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County..... Buchanan ..... Registration District No. ....  
 Township..... ..... Primary Registration District No. 1001 .....  
 City..... St. Joseph, (No. 2688 Fairleigh Terrace ..... Ward)

85

File No. 15819  
 Registered No. 571

**2. FULL NAME**

Ferdinand C. Moser  
 (a) Residence, No. 2688 Fairleigh Terrace st., ..... Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 20, 1865</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>1</u>	DAYS <u>22</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Book keeper</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Jamieson Machine Co.</u>
	10. Date deceased last worked at this occupation (month and year) <u>April 1929</u>
	11. Total time (years) spent in this occupation <u>11</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

FATHER  
 13. NAME Frederick Moser  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Switz.

MOTHER  
 15. MAIDEN NAME Anna Schneider  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Switz.

17. INFORMANT Miss Anna Moser  
 (ADDRESS) 2688 Fairleigh Terrace

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Ashland Cemetery, DATE May, 14, 1934,

19. UNDERTAKER Walter Meierhoffer  
 (ADDRESS) 1302 Farnon St. St. Joseph, Mo.

20. FILED 5-14-34 John R. Binder  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 12, 1934 .19

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1934, to May 12, 1934.  
 I last saw him alive on May 11, 1934. Death is said to have occurred on the date stated above, at 4.30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Mitral Stenosis Date of onset unknown  
92H  
 Other contributory causes of importance: none

Name of operation none Date of .....  
 What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ✓ Date of injury ✓, 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify Mustay J. Lauer, M. D.  
 (Signed) Mustay J. Lauer  
 (Address) Kirkpatrick Bldg, St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
 JUN 20 1934  
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